

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

IN RE:

KINIKA MONIQUE WELLS	:	CHAPTER 13
	:	
Debtors.	:	CASE NO.: 17-62244-WLH
	:	

**COVER SHEET FOR AMENDMENT TO SCHEDULES I AND J**

Schedule I has been amended to reflect current household income

Schedule J has been amended to reflect current household expenses

Also included with this amendment are the Amended Summary of Schedules, Amended Statistical Summary and Amended Declaration of Schedules.

DATE: November 7, 2017

\_\_\_\_/s/\_\_\_\_  
Howard Slomka  
Georgia Bar # 652875  
Slipakoff and Slomka, P.C.  
Attorney for Debtor  
2859 Paces Ferry Road, SE,  
Suite 1700  
Atlanta, GA 30339  
Tel. 404-800-4001

Fill in this information to identify your case:

Debtor 1	Kinika First Name	Monique Middle Name	Wells Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Georgia (State)	
Case number (if known)	17-62244		

Check if this is:

An amended filing

A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income - Amended

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

##### Debtor 1

Employment status

Employed  
 Not Employed

##### Debtor 2

Employment status

Employed  
 Not Employed

##### Occupation

##### LPN

##### Employer's name

Optimum Pediatric Services LLC

##### Employer's address

2058 Reserve Pkwy

Number Street

Number Street

McDonough Georgia 30253

City State Zip Code

##### How long employed there?

3 months

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

	For Debtor 1	For Debtor 2 or non-filing spouse
2.	\$4,459.00	\$0.00
3.	+ \$0.00	+ \$0.00
4.	\$4,459.00	\$0.00

Debtor 1 Kinika First Name	Monique Middle Name	Wells Last Name	Case number (if known)	17-62244
			For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here			4. <u>4,459.00</u>	<u>\$0.00</u>
5. List all payroll deductions:				
5a. Tax, Medicare, and Social Security deductions			5a. <u>\$1,103.31</u>	<u>\$0.00</u>
5b. Mandatory contributions for retirement plans			5b. <u>\$0.00</u>	<u>\$0.00</u>
5c. Voluntary contributions for retirement plans			5c. <u>\$0.00</u>	<u>\$0.00</u>
5d. Required repayments of retirement fund loans			5d. <u>\$0.00</u>	<u>\$0.00</u>
5e. Insurance			5e. <u>\$0.00</u>	<u>\$0.00</u>
5f. Domestic support obligations			5f. <u>\$0.00</u>	<u>\$0.00</u>
5g. Union dues			5g. <u>\$0.00</u>	<u>\$0.00</u>
5h. Other deductions. Specify: _____			5h. + <u>\$0.00</u>	<u>\$0.00</u>
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.				
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.			6. <u>\$1,103.31</u>	<u>\$0.00</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.				
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.			7. <u>\$3,355.69</u>	<u>\$0.00</u>
8. List all other income regularly received:				
8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.			8a. <u>\$0.00</u>	<u>\$0.00</u>
8b. Interest and dividends			8b. <u>\$0.00</u>	<u>\$0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			8c. <u>\$0.00</u>	<u>\$0.00</u>
8d. Unemployment compensation			8d. <u>\$0.00</u>	<u>\$0.00</u>
8e. Social Security			8e. <u>\$0.00</u>	<u>\$0.00</u>
8f. Other government assistance that you regularly receive  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: Food Assistance Programs Income			8f. <u>\$0.00</u>	<u>\$0.00</u>
8g. Pension or retirement income			8g. <u>\$0.00</u>	<u>\$0.00</u>
8h. Other monthly income. Specify: _____			8h. + <u>\$0.00</u>	<u>\$0.00</u>
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.				
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.			9. <u>\$0.00</u>	<u>\$0.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse				
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse			10. <u>\$3,355.69</u>	<u>\$0.00</u> = <u>\$3,355.69</u>
11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:				
			11. + <u>\$0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies				
			12. <u>\$3,355.69</u>	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?				
<input type="checkbox"/> No.				
<input checked="" type="checkbox"/> Yes. Explain: _____			Food stamps will end, but not sure when	

Fill in this information to identify your case:

Debtor 1	Kinika	Monique	Wells
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Georgia (State)
Case number (if known)	17-62244		

Check if this is:

An amended filing

A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses - Amended

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?  No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent

Dependent's relationship to Debtor 1 or Debtor 2

Child

Dependent's age

10 years

Does dependent live with you?

No.

Yes.

Child

9 years

No.

Yes.

Child

14 years

No.

Yes.

Child

11 years

No.

Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

No

Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.

Your expenses

\$1,350.00

4.

If not included in line 4:

4a. Real estate taxes

4a

\$0.00

4b. Property, homeowner's, or renter's insurance

4b.

\$0.00

4c. Home maintenance, repair, and upkeep expenses

4c.

\$0.00

4d. Homeowner's association or condominium dues

4d.

\$0.00

Debtor 1 Kinika First Name	Monique Middle Name	Wells Last Name	Case number (if known) 17-62244
			Your expenses
5. Additional mortgage payments for your residence, such as home equity loans			5. \$0.00
6. Utilities:			
6a. Electricity, heat, natural gas			6a. \$200.00
6b. Water, sewer, garbage collection			6b. \$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services			6c. \$15.00
6d. Other. Specify: _____			6d. \$0.00
7. Food and housekeeping supplies			7. \$780.00
8. Childcare and children's education costs			8. \$0.00
9. Clothing, laundry, and dry cleaning			9. \$50.00
10. Personal care products and services			10. \$0.00
11. Medical and dental expenses			11. \$50.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments			12. \$200.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books			13. \$0.00
14. Charitable contributions and religious donations			14. \$0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance			15a. \$0.00
15b. Health insurance			15b. \$0.00
15c. Vehicle insurance			15c. \$245.00
15d. Other insurance. Specify: _____			15d. \$0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____			16. \$0.00
17. Installment or lease payments:			
17a. Car payments for Vehicle 1			17a. \$0.00
17b. Car payments for Vehicle 2			17b. \$0.00
17c. Other. Specify: _____			17c. \$0.00
17d. Other. Specify: _____			17d. \$0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).			18. \$0.00
19. Other payments you make to support others who do not live with you. Specify: _____			19. \$0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.			
20a. Mortgages on other property			20a. \$0.00
20b. Real estate taxes.			20b. \$0.00
20c. Property, homeowner's, or renter's insurance			20c. \$0.00
20d. Maintenance, repair, and upkeep expenses.			20d. \$0.00
20e. Homeowner's association or condominium dues			20e. \$0.00



Fill in this information to identify your case:			
Debtor 1	Kinika First Name	Monique Middle Name	Wells Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Georgia (State)
Case number (If known)	17-62244		

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information - Amended

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

Your assets  
Value of what you own

##### 1. Schedule A/B: Property (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$0.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$18,155.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	\$18,155.00

#### Part 2: Summarize Your Liabilities

Your liabilities  
Amount you owe

##### 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)

2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$26,997.00
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##### 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$6,414.50

Your total liabilities

#### Part 3: Summarize Your Income and Expenses

##### 4. Schedule I: Your Income (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$3,355.69
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##### 5. Schedule J: Your Expenses (Official Form 106J)

Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i> .....	\$2,890.00
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Debtor 1 Kinika Monique Wells Case number (if known) 17-62244  
First Name Middle Name Last Name

**Part 4: Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes.

7. What kind of debt do you have?

Your debts are primarily consumer debts. Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the **Statement of Your Current Monthly Income**: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$1,076.55

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:

	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$0.00
9g. Total. Add lines 9a through 9f.	\$0.00

Fill in this information to identify your case:			
Debtor 1	Kinika First Name	Monique Middle Name	Wells Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Georgia (State)	
Case number (if known)	17-62244		

## Official Form 106Dec

Check if this is an amended filing

### Declaration About an Individual Debtor's Schedules - Amended

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Kinika Wells

Signature of Debtor 1

Date 11/7/2017

MM/DD/YYYY

Signature of Debtor 2

Date

MM/DD/YYYY

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION**

IN RE:

KINIKA MONIQUE WELLS	:	CHAPTER 13
	:	
Debtors.	:	CASE NO.: 17-62244-WLH
	:	

**CERTIFICATE OF SERVICE**

This is to certify that I have this day served a copy of the within and foregoing Amended Schedules I and J, Amended Statistical Summary and Amended Declaration of Debtor's Schedules in the above styled case by depositing same in the United States mail with the adequate postage affixed thereto to insure delivery addressed as follows:

Nancy J. Whaley (served via ECF)  
Standing Chapter 13 Trustee  
303 Peachtree Center Avenue  
Suite 120  
Atlanta, GA 30303

Kinika Monique Wells  
1325 Six Flags Dr  
Apt 1501  
Austell, GA 30168

SEE ATTACHED FOR ADDITIONAL CREDITORS

DATE: November 7, 2017

\_\_\_\_\_  
/s/  
Howard Slomka  
Georgia Bar # 652875  
Slipakoff and Slomka, P.C.  
Attorney for Debtor  
2859 Paces Ferry Road, SE,  
Suite 1700  
Atlanta, GA 30339



